



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **23957 NEWHALL RANCH RD, VALENCIA, CA 91354**

TELEPHONE: **(661) 259-0878**

OWNER OF BUSINESS: **MARY GUIDRY**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED: **MARY GUIDRY**

FICTITIOUS NAME: **MASSAGE ENVY SPA VALENCIA**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/15/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/21/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	06/14/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	11/05/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	05/28/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	06/17/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	11/05/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2158.00

ID # 142383

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor General</u>	Address of Business: <u>23957 Newhall Ranch Rd. Valencia CA. 91354</u>	
DBA (Business Name): <u>Massage Envy Spa</u>	Business Telephone: <u>661-259-0878</u>	
Sellers Permit # (State Board of Equalization): <u>102-029385 00002</u>	Mailing Address: [REDACTED]	
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>Aug. 2009</u>	Incorporated in the State of: <u>California</u>	
Exact Corporate Name: <u>Capri Coast Capital, Inc</u>		
Names of Officers	Addresses	Titles
<u>Erika Rice</u>	[REDACTED]	<u>CEO</u>
<u>Mary Guidry</u>	[REDACTED]	<u>CEO</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>Mary Guidry</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>guidrymary10@yahoo.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]	Eye Color: [REDACTED]	

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 5-27-2014

Applicant's Signature: [Signature]

Application taken by: ME

Date: 5-27-15

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23957 NEWHALL RANCH RD, VALENCIA, CA 91354

TELEPHONE: (661) 259-0876

OWNER OF BUSINESS: MARY GUIDRY

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MESSAGE ENVY SPA VALENCIA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY  
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval  
at this time.*

SIGNATURE:

*D. Homick*

DATE:

*6/12/05*

07/01/2015 WED 12:46 FAX 5612861134 --- Linda Trejo

08/30/2015 12:27 6612971676

08/30/2015 FAX 1611 FAX 5612861134

003/007

#1884 P.002/003

Jun-04-2015 01:48pm From-LACOFD FIRE MARSHAL

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T-408 P.005/008 F-253

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

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MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT**

**LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: None

SIGNATURE: [Signature]

DATE: 6-30-15

BASIC LICENSE NO. 8430

DATE 05/28/15

IDENTIFICATION NUMBER 142383



OWNER: MARY GUIDRY

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

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TELEPHONE: (661) 259-0876

OWNER OF BUSINESS: MARY GUIDRY

CAL. DR. LIC#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MESSAGE ENVY SPA VALENCIA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

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ADDRESS OF BUSINESS: **23957 NEWHALL RANCH RD, VALENCIA, CA 91354**

TELEPHONE: **(661) 259-0876**

OWNER OF BUSINESS: **MARY GUIDRY**

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NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MASSAGE ENVY SPA VALENCIA**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

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**REGIONAL PLANNING  
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: approval for massage parlor

SIGNATURE: 

DATE: 5/28/15

✓

15-00684

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TREASURER AND TAX COLLECTOR**

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**BUSINESS LICENSE  
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TELEPHONE: **(661) 259-0876**

OWNER OF BUSINESS: **MARY GUIDRY**

CAL. DR. LIC.#: **[REDACTED]**

6/2/46

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MASSAGE ENVY SPA VALENCIA**

MAILING ADDRESS: **[REDACTED]**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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**SHERIFF FINGERPRINT**

**LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: \_\_\_\_\_

APPROVED

SIGNATURE: \_\_\_\_\_

W. J. 536470

DATE: \_\_\_\_\_

10/30/15

BASIC LICENSE NO. **8430**

DATE **05/28/15**

IDENTIFICATION NUMBER **142383**

5/28

Sanad Torg 10/30